

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	07 / 10 / 2017		TAU BAY PHO II	
Follow-up	<input checked="" type="checkbox"/>			TIME IN	TIME OUT	PERMIT HOLDER	
Complaint				2:15 PM	3:10 PM	LIU, GUOQIANG	
Investigation			RATING	SANITARY PERMIT NO.		LOCATION (Address)	
Other			A	170008535		# 1058 W. MARINE CORPS DR., DEDEDD	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
STALL STAND				1	632-6698	0	3
				No. of Repeat Risk Factor/Intervention Violations			
				0			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	IN	OUT	Management awareness: policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	IN	OUT	N/A	N/O		6
5	IN	OUT	N/A	N/O		6
Preventing Contamination by Hands						
6	IN	OUT	N/A	N/O		6
7	IN	OUT	N/A	N/O		6
8	IN	OUT				6
Approved Source						
9	IN	OUT				6
10	IN	OUT	N/A	N/O		6
11	IN	OUT				6
12	IN	OUT	N/A	N/O		6
Protection from Contamination						
13	IN	OUT	N/A			6
14	IN	OUT	N/A			6
15	IN	OUT				6
Potentially Hazardous Food (TCS Food)						
16	IN	OUT	N/A	N/O		6
17	IN	OUT	N/A	N/O		6
18	IN	OUT	N/A	N/O		6
19	IN	OUT	N/A	N/O		6
20	IN	OUT	N/A			6
21	IN	OUT	N/A	N/O		6
Consumer Advisory						
22	IN	OUT	N/A			6
Highly Susceptible Populations						
23	IN	OUT	N/A			6
Chemical						
24	IN	OUT	N/A			6
25	IN	OUT				6
Conformance with Approved Procedures						
26	IN	OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
Food Identification						
34			Food properly labeled; original container			1
Prevention of Food Contamination						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
Proper Use of Utensils						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
Physical Facilities						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed, proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
Documents and Placards						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) Jun Sheng Chen

DEH Inspector (Print and Sign) R. OUEENAS

Date:

Follow-up (Circle one): YES ☒ NO ☐

Follow-up Date N/A

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LOCATION (Address)

TAM BAY PHOTO

#1086 W. MARINE CORPS. DR. DEDEDO

SANITARY PERMIT NO.

PERMIT HOLDER

7, 0, 11

170000535

14. GUNGLANG

[illegible]

**CORRECT
BY DATE**

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

A FOLLOW-UP INSPECTION WAS CONDUCTED TODAY. PREVIOUS INSPECTION WAS CONDUCTED ON 7/6/17 WHICH RESULTED IN A "C" RATING WITH DEFICIENCIES OF 25. ALL PREVIOUS VIOLATIONS WERE CORRECTED. (ITEM #S 2, 6, 13, 25, 36, 37, 38, 46 & 52). NO NEW VIOLATIONS WERE OBSERVED TODAY.

REMOVED "C" PLACARD NO. 0154.
POSTED "A" PLACARD NO. 02486.

PRIESTED PIC, CHEN JINCHENG ON THE ABOVE INFORMATION.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Jin Cheng Chen.

Date:

KATHERINE BLENKS

LELANI NAKARO

Date _____

71017

RE-INSPECTION REQUEST

TO: Bureau of Inspection and Enforcement, DEH, DPHSS
Facsimile No. (671) 734-5556 or 800-9577

FROM:

Tao Bay Pho II

ESTABLISHMENT NAME

Liu, Guogiong

OWNER/MANAGER

SUBJECT: Request for Re-Inspection

Our establishment was inspected on 07/06/17 by Claire Borodi/Leitani Navarro
Date Name of Environmental Public Health Officer

resulting a letter grade of 25/C. I have performed the following to correct the violation(s).

Item No.	Specific/Detailed Action(s) Taken Correcting the Violation(s)
2	make every employee sign management awareness.
6	tell employee washing hand washing hand first and work
13	separate chicken, beef and seafood spaced separated.
35	clean the floor and table again.
36	contamination compartment box place right away.
38	wiping clothes drop in basket and with sanitizer
46	separate the personel stuff to food air
52	clean the refrigerator botton.
19	turn the temputer up early
20	Do not make cool salad to high.

I am requesting a re-inspection of this establishment on _____ at _____ or at your earliest convenience.

If you should have any questions, please call me at _____. Thank You.

Jinsheng chen

PRINT NAME

Jinsheng chen

SIGNATURE

7-6-2017

DATE